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ABSTRACT

The North Carolina Conference for Social Services invited North Carolina policymakers and service providers to participate in a working conference in January 1991. The conference addressed issues relating to homeless families in North Carolina. Goals of the conference were to: (1) increase the potential for collaboration on behalf of homeless families; (2) identify strategies to address the needs of homeless families; (3) foster outreach strategies to rural homeless; and (4) determine strategies to prevent low-income families from becoming homeless. A series of working papers considered particular problems including: (1) shifts in the economy; (2) affordable housing; (3) health care for homeless children; (4) child care for homeless children; (5) substance abuse; (6) health care for the homeless; (7) homeless persons with mental illness; (8) problems of homeless children in rural areas; (9) education and homeless children; (10) homeless issues relating to battered women; (11) subsidized child care; and (12) government's response to homeless families. Each paper includes a discussion of the scope and context of the problem, and a series of recommendations for dealing with the problem. References are included with some papers. (BC)

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North Carolina's Homeless Families: Issues For The 90's

ED336187

Papers from An Invitational Working Conference

January 24, 1991

Ruth Relos, Ph.D., M.P.H., Editor

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FOREWORD

The North Carolina Conference for Social Service invited public policy makers and service providers from across the state of North Carolina to participate in an invitational working conference in January 1991 to address the issues of homeless families in our state. The goals of the conference were to:

1. Increase potential for future collaborative efforts on behalf of homeless families;

2. Identify statewide strategies that will address the needs of homeless families through a variety of service systems;

3. Foster outreach strategies to the rural homeless; and

4. Determine strategies that will prevent low-income families from becoming homeless.

Working papers on the key issues were sent to each conference participant in advance. The collaborative efforts of all conference participants have resulted in the papers presented in this doucment.

The North Carolina Conference for Social Service expresses appreciation to:

The North Carolina Rural Economic Development Center for its generous contribution to help defray expenses of this conference.

The agencies and organizations who helped co-sponsor this conference. A listing of those co-sponsors is on the back cover.

The Office for Children and the Family, North Carolina Department of Human Resources and the Homeless Family Task Force for developing the statewide Service Directory for Homeless Families.

The Mary Reynolds Babcock Foundation, Inc. for helping to fund the statewide Service Directory for Homeless Families.

Ruth Relos, Ph.D. and her committee for planning this conference, and compiling these papers.

Carolyn Sims, Executive Director of the Conference for Social Service, for staffing the conference and attending to the many details of this project.

TABLE OF CONTENTS

Structural Shifts in the American Economy and Homelessness 1
Gary Bowen, Ph.D., ACSW, University of North Carolina School of Social Work, Chapel Hill, North Carolina

Homelessness and the Affordable Housing Crisis 6
Linda S. Shaw, MSW, Executive Director, North Carolina Low Income Housing Coalition, Raleigh, North Carolina

Health Care of Homeless Children 9
Sandra M. Botstein, M.D., Pediatrician, Chapel Hill, North Carolina

Child Care for Homeless Children: A North Carolina Perspective 12
Debby Cryer, M.Ed., & Thelma Harms, Ph.D., Frank Porter Graham Child Development Center, Chapel Hill, North Carolina

Substance Abuse and the Homeless 15
Ann Doolen, Robeson Health Care Corporation--The Family Center, Fairmont, North Carolina

Health Care for North Carolina's Homeless 17
Carolyn I. Thornton, MSW, Director, Social Work/Mental Health Services and Coordinator, Health Care Project for the Homeless, Lincoln Community Health Center, Durham, North Carolina

Homeless Persons with Severe and Persistent Mental Illness 19
Deborah Franks, Ph.D., formerly on the faculty of the University of North Carolina School of Social Work, Chapel Hill, North Carolina

Houseless or Homeless: A Problem for Children in Rural Areas 21
John Ball, Ph.D., School of Social Work, East Carolina University, Greenville, North Carolina

Education and Homeless Children 23
Patricia Wilkins, M.S., North Carolina Department of Public Instruction, Raleigh, North Carolina
Patricia A. Yancey, Legislative Liaison and Government Consultant in private practice, Raleigh

Homeless Issues Among Battered Women 28
Ann Doolen, Robeson Health Care Corporation--The Family Center, Fairmont, North Carolina
Ellen Plummer, MSW, Domestic Violence/Sexual Assault Project Director, Council on the Status of Women, North Carolina Department of Administration

Subsidized Child Care for Children in Homeless Shelters And In Low-Income Families 30
Joanne Caye, MSW, Assistant Chief for Program Operations, North Carolina Division of Social Services, Raleigh, North Carolina

Government's Response to Homeless Families 32
Yolanda E. Walker, Director, Agape Place, Raleigh, North Carolina

Conference Participants 34

STRUCTURAL SHIFTS IN THE AMERICAN ECONOMY AND HOMELESSNESS

by Gary L. Bowen, Ph.D., ACSW

Scope of the Problem

Although there is no simple explanation for homelessness in America today, this brief paper considers how fundamental changes in the structure of the American economy are leading to a growing inequality in the distribution of income and to potential economic distress and vulnerability for an increasing proportion of families, with and without working members.

There is a growing squeeze between the amount of income required for a minimum level of subsistence (e.g., housing, food, and transportation) and the availability of jobs that pay wages that are sufficient to escape the tentacles of economic distress and its associated conditions, including homelessness. When combined with the residual social welfare system that has been institutionalized in the United States, it is not surprising that an increasing number of families are facing periods of both acute and chronic homelessness.

Context of the Problem

The Cost of Living

In an analysis of the "changing distribution of income and wealth in the United States: 1960-1985, Winnick (1988) updated earlier figures from the Bureau of Labor Statistics (BLS) to develop a "minimum adequacy budget" for a family of four in 1985 dollars.[1] From his analysis, Winnick calculated this "minimum adequacy budget" as $20,207, nearly twice the "official" poverty level for a typical family of four in 1985: $10,989.[2]

The official poverty level for a family of four in 1989 was $12,675, 15.34 percent higher than the 1985 figure. If Winnick's 1985 estimate for a "minimum adequacy budget" is adjusted by the same percentage (15.34%), the total budget required in 1989 would be $23,307. Table 1 contains an itemized breakdown of this adjusted budget.

By any stretch of the imagination, this is a modest budget. Still, even if a family of four had a wage earner that earned the median hourly wage rate of $8.13 per hour for full-time work (inflation adjusted based on 1985 median wage rate of $7.05 for full-time workers as reported by Kingston, 1990) and worked the full-time equivalent of 2080 hours per year, family income form wages would be only $16,910. Indeed for many wage earners in North Carolina, this would be a generous wage rate (average annual wage rates in North Carolina are approximately 15 percent lower than the national average). Even with two wage earners making $5.60 per hour and working full time, family income still would be below the "minimum adequacy standard" of $23,307.

[1] Adapted from Winnick (1988)

[2] Percentages and numbers are rounded for calculation

Economic distress and vulnerability may be especially likely in urban areas, for single parents and minorities, and in certain stages of the family life cycle (Bowman, 1988; Voydanoff, 1990; Winnick, 1988). For example, an expense/earning squeeze may be particularly likely for families with young children and for those with adolescents. These are stages in the family life cycle where expenses are unusually high and where income may be low or failing to keep pace with inflation (Voydanoff, 1990).

Table 1. Low or Minimum Adequacy Budget for a Family of Four (in estimated 1989 dollars)

Budget Category (average person)	Yearly Total
Food (5.74/day)	$ 8,383
Housing ($326/month/family)	$ 3,923
Transportation ($8.10/week)	$ 1,745
Clothing & Personal Care ($39.47/month)	$ 1,895
Medical Care ($40.68/month)	$ 1,953
Other Consumption ($18.71/month)	$ 898
Other Items	$ 877
Social Security & Income Taxes	$ 3,633
Total Budget	**$23,307**

Paralleling shifts in the distribution of income, there is growing evidence of economic bifurcation in this country between the "haves" and "have nots" that is slowly eroding the proportion of families that have historically fallen into the "middle class" (Voydanoff, 1990; Winnick, 1988). Based on his 1985 analysis, Winnick (1988) estimates that "more than one-third of all families and more than half of all black and hispanic families lived below the adjusted BLS Minimum Adequacy level" (p. 238). In addition, he shows that the proportion of economically distressed and vulnerable families was greater in 1985 than in 1970. On the other hand, according to 1989 figures from the Census Bureau, the proportion of income going to the richest one-fifth of households in America today is greater than the comparable share ten and twenty years earlier.

Shifts in the Structure of Employment

It is contended in this review that there are fundamental changes in the structure of the economy that are hampering an increasing proportion of American families from achieving even a minimum level of economic viability. These changes are considered to be associated with growing rates of homelessness among both single and two parent families in America, and include shifts in the types of employment opportunities and their corresponding wage rates, greater levels of employment instability and uncertainty, and growth in proportion of part-time and temporary jobs.

According to recent analyses (Bluestone & Harrison, 1982; Voydanoff, 1990, Winnick, 1988), there has been a decrease in both the overall proportion and, in some areas, in the actual number of jobs in manufacturing that have typically produced "reasonable" wages and secure employment. On the other hand, there has been a parallel increase in jobs at both the low end of the wage spectrum in retail trade and service industries and at the high end of the wage spectrum in high tech areas, especially the former. Combined, these structural shifts in the nature of employment have contributed to the increased "bipolarization" of income classes in the United States (Winnick, 1988).

According to Voydanoff (1990), ". . . service-producing industries, especially services and retail trade. . .accounted for 84% of all employment growth between 1979 and 1987" (p. 1101). However, compared to manufacturing, which paid a median weekly salary of $398, the median weekly income from service jobs was 21 percent less ($327); median weekly income from jobs in retail trade was 54 percent less ($258) (Voydanoff, 1990, p. 1101).

Although these wage estimates and differentials are high for North Carolina given the low number of unionized jobs in the state, similar changes in the distribution of jobs are noted in this state. In a recent article in *The News and Observer* ("Study Says," 1990) based on a study by the Institute for Southern Studies in Durham, it is reported that over the last two decades there has been a "dramatic shift" in employment from "mills" to "malls." While the proportion of the workforce in North Carolina who are employed in factories decreased from 42 percent to 28 percent from 1969 to 1989, there was an increase over the same period in the proportion of workers employed in service jobs: 18 percent to 23 percent.

Enlarging the analysis from North Carolina to the South, results from the study indicated that of the 6.6 million jobs that have been created over the past decade, 5 million of these jobs were in service industries and retail trades; only 68,500 of these new jobs were in factories. Although, as reported above, jobs in service industries and retail trades tend to be lower paying than jobs in manufacturing, in North Carolina, most factory jobs are nonunionized and thus wages are not often dramatically higher than those in may service-oriented and retail jobs.

Not only have there been shifts in the nature of employment, unemployment rates have vacillated over the last decade, paralleling economic fluctuations and recessions (Voydanoff, 1990). these shifting rates have created both employment instability and uncertainty for an increasing proportion of the workforce. In North Carolina alone, which employs more men and women in manufacturing than any other Southern state, nearly 25,000 factory workers were displaced between October 1989 and October 1990 (Yandle & Barnett, 1990). Additional layoffs and planned job cuts for November and December 1990 and January 1991 have been announced already by a number of leading companies in North Carolina; this will potentially eliminate as many as 2,250 jobs (Yandle & Barnett, 1990).

In addition to these changes, there has been an increase in the number of workers employed in part-time or temporary jobs. Although these jobs may be responsive to the needs and demands of some workers, such as married women with young children, in most cases, they pay lower wages and offer fewer benefits than full-time jobs (Kingston, 1990; Winnick, 1988). Because these types of jobs increase the flexibility of employers to respond to variations in the economy and have favorable benefit/cost ratios, it is likely that such jobs will increase in the future. Yet, for the most part, they are not considered responsive to the financial demands faced by an increasing number of families.

The Social Welfare System

The residual and strong "needs based" orientation of the welfare system in the United States provides little support for both the marginally employed and underemployed and for those that face recurrent periods of unemployment. This is especially true for intact "two parent" families. Even when families qualify for benefits, these benefits are typically insufficient to alter substantially the level of economic distress in families.

Increasingly, families are trapped in a "catch 22" situation: adult members do not earn enough income to provide a minimum level of subsistence or to remain economically self-sufficient but earn too much or have too many possessions to qualify for welfare and other forms of assistance. Without strong informal social support systems, it is likely that many of these families will become vulnerable to spells of homelessness.

Conclusion

Approaches to the study of economic distress in families have typically taken an "individual" approach, focusing primarily on the values, motives, attitudes and abilities of individuals. Interventions from this perspective are most often centered on "fixing" the individual. This paper has assumed a situational perspective, electing to focus on the structural shifts in the economy that are contributing to economic vulnerability and distress for an increasing number of families. From this perspective, intervention is directed toward the environment of the individual.

Any comprehensive change effort to reduce the level of economic distress in families and the social problems that follow in its wake, such as homelessness, needs to address both the "individual" and "situation" side of the equation. The aim is to increase the level of fit between the needs of the family and the abilities of its members and the resources and opportunities in the environment. It is critical that such interventions address the social, historical and cultural influences in society and also respect the tremendous diversity in family patterns and values that frame and influence the effectiveness of any change effort.

Recommendations

The following recommendations are offered to help frame the debate about the types of interventions that will be necessary to help reduce patterns of economic vulnerability and distress in families:

1. Revise the poverty standard to reflect more accurately the serious economic troubles that families face in this country, especially Black, Hispanic and female-headed families.

2. Develop an economic plan in North Carolina for sustaining long-term economic growth and viability.

3. Provide government subsidies to low-income communities to promote economic growth and development.

4. Provide government incentives to manufacturing and industrial firms to modernize their facilities so that they may compete more successfully with other industrialized nations.

5. Encourage private-public partnerships in local communities to address economic inequalities and inequities against minority and female workers.

6. Reduce the "red tape" for receiving welfare relief and reform the welfare system to make it more responsive to the needs of the working poor.

7. Amend welfare policy, such as the Family Support Act of 1988, to address the structural conditions in the economy that are contributing to economic distress in families.

Notes

1 From 1967 until the Reagan administration, these figures were adjusted at least yearly for inflation and published in the Monthly Labor Review, a publication of BLS (Winnick, 1988).

2. Developed in 1965 by Molly Orshansky, a researcher in the Social Security Administration, the "official" definition of poverty is calculated by multiplying by three the annual cash income required to meet minimum daily nutritional standards (Fullwood, 1990). Adjusted for family size, this measure of poverty has been criticized by both policymakers and economists alike for not reflecting current economic realities.

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HOMELESSNESS AND THE AFFORDABLE HOUSING CRISIS

by Linda S. Shaw, MSW

Scope of the Problem

North Carolina is in the midst of a housing crisis. The increasing number of people who have no homes at all is the most visible manifestation of this crisis. there are uncounted numbers of others who double up with other households or are paying so much for housing that the loss of one paycheck could put them on the streets. These are the "hidden homeless." Of the homeless population, the fastest growing segment is families with children. A 1989 study by the Department of Public Instruction identified over 6,100 homeless school age children in North Carolina, while a 1990 survey found that most children in North Carolina shelters are preschoolers.[1] Clearly the parents of these children did not choose to be homeless. They are homeless because they cannot find a place they can afford. A crucial first step to addressing the problem of homelessness, therefore, is to address the issue of affordable housing.

Context of the Problem

The primary causes of the housing and homelessness crises are the withdrawal of federal support for low income housing and the unaffordability of private market housing. The federal government, the primary source of funding for low income housing development, virtually abandoned that role during the 1980s, cutting the housing budget by 80%. The impact on low income housing in North Carolina has been severe. In 1981, over 7,000 HUD assisted units were added to the state's housing stock; in 1989, only 411 new HUD-assisted units were constructed. HUD's estimate of the state's need for assisted rental housing is 115,562 units, with an annual demand of 20,082 units. Waiting lists for public housing number in the thousands and a two-year wait is common.

At the same time federal support has been shrinking, housing prices have escalated and incomes among the poor have been stagnating or declining. Affordable rental housing, that most needed by homeless persons, is in especially short supply for low-income families. Unsubsidized, fair market units are not affordable. HUD's average fair market rents in North Carolina's metropolitan areas are $351 for a one bedroom unit and $407 for a two bedroom unit. Over a third (35%) of North Carolina's renter households cannot afford the one bedroom, while 40% cannot afford a 2 bedroom unit.

These units are unaffordable not only to persons dependent on public assistance (SSI recipients receive $386 a month, while an AFDC mother with two children receives $272) but also to working families. A worker would need to earn twice the minimum wage to afford a two bedroom apartment in North Carolina's metropolitan areas. Even two persons working full time at minimum wage cannot afford this rent. Nationally, 45% of all renter households below the poverty line pay more than 70 cents of every dollar of their income for housing; less than one out of three of these households receives housing assistance.

Even if homeless families could find permanent housing they could afford, significant barriers exist in attaining it. Apartments, including low-rent ones, require large security deposits and first month's rent in advance. Additionally, substantial deposits are required by utility companies. Thus, the move into permanent housing could easily require upfront cash of $800 or more--a significant obstacle even to the working homeless. Transitional housing is

designed to give homeless families time to re-establish normal lives, including an affordable place to live while saving for permanent housing, but this type of housing is also in woefully short supply.

And what of the unsubsidized housing that a poor family could afford? Much of the low cost housing that does exist in NC is of poor quality. With nearly 300,000 substandard structures, the state's housing stock is the ninth worst in the nation. There are more outhouses in regular use in North Carolina than anywhere else in America.[2] Over half of the housing units with at least one deficiency are rental units. Over a third are occupied by poverty households and nearly half of these are occupied by minorities, according to the 1980 Census.

The statistics are compelling. To address the problem of homelessness, we must increase and improve the supply of permanent affordable housing for very low income families. Homeless shelters, otherwise, will become even more crowded. Already, these facilities which were designed to provide protection from the elements for a short period of time are becoming "permanent" housing for some because they have no other options. Shelters were not designed to be permanent homes for anyone, and they are ludicrously inadequate for families with children. Making them more palatable by providing additional services won't solve the problem. First and foremost, permanent housing solutions must be found. The homeless must have homes.

Recommendations

1. Efforts must focus on a permanent solution to the affordable housing crisis.

   Homelessness cannot be ended until affordable housing is available.

2. The State of North Carolina must take an active financial role to meet the housing needs of its citizens.

   The NC Housing Trust Fund, which successfully targets monies to meeting the needs of very low-income households and underserved areas of the state, is quickly exhausting its resources. It is critical that the Trust Fund, originally capitalized with oil overcharge funds, be replenished. A direct appropriation of $10 million from general revenues would allow assistance to another 666-1,000 units of housing. A much larger amount is required to meet the full need.

3. Other possible sources of state financing for low-income housing must also be considered, including a statewide housing bond or dedicated revenues from a lottery or a real estate transfer tax.

4. The North Carolina General Assembly should support and appropriate funding for the recommendations of the Legislative Study Commission on Homeless Persons, which include:
   a. a utility and security deposit revolving loan fund to enable people to move from shelters/transitional housing into permanent homes

   b. a revolving loan fund for rent payments for persons facing imminent eviction

   c. a loan pool to finance emergency and transitional housing

d. $10 million for the Housing Trust Fund

e. a small grants program to provide State funds (maximum of $5,000 during biennium) for local programs and services to homeless.

5. The state of North Carolina must make sure it is utilizing all available federal monies for the homeless and for affordable housing.

   In particular, the state has yet to utilize the Permanent Housing for the Handicapped program of the McKinney Act. The state should provide the financial and administrative support, in addition to coordination of existing services, to assure that these funds are utilized for the benefit of North Carolina's citizens.

6. The citizens of North Carolina must advocate for increased federal appropriations for low income housing development and assistance.

   The federal government cuts of the last decade must be restored.

7. The private sector should play a more significant role in low income housing development.

   Financial institutions should be reminded of their responsibility to meet the needs of all the communities they serve.

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HEALTH CARE OF HOMELESS CHILDREN

by Sandra M. Botstein, M.D.

Scope of the Problem

Health problems of homeless children are essentially the same as those of their domiciled counterparts. These problems fall into the basic categories of

- Infectious disease (acute and chronic)
- Health care maintenance (immunizations, nutritional and developmental surveillance)
- Trauma/Abuse
- Psychiatric ailments

However, unlike domiciled children, homeless children have been shown to have poorer access to health care systems and have parents who may be too preoccupied to pursue appropriate health care for them.

Thus, minor illnesses are permitted to progress, immunization schedules are neglected, and abuse -- both physical and sexual -- gets hidden behind good behavior in the very public shelter, or else escalates with the stressful stretch of homelessness.

Context of the Problem

Homeless children carry the physical and psychological baggage of what has become known as the "Homeless Child Syndrome," to quote Dr. Irwin Redlener of the New York Children's Health Project: it is "a condition of acutely heightened vulnerability...directly related to imposed environmental and social factors." There are health correlates of this syndrome: homeless children are two times as likely as a national control group to seek medical care for infestational ailments, anemia, neurologic disorders, seizures, eye disorders, heart and circulatory problems, gastrointestinal disorders, dental maladies and serious and minor skin ailments.

In New York City, where much of the research on health habits of homeless has been done, homeless kids are notoriously delinquent in immunizations and tuberculin skin testing. Cases of abuse of homeless children were reported at a rate of nearly four times that of a comparison group.

In a Massachusetts study by Dr. Helen Bassuk, 50% of a sample of homeless children living in shelters showed at least one developmental lag, one-third had severe depression and anxiety and nearly one-half required formal psychiatric evaluation based on initial screening.

Institutional group living, as in shelters, enhances the potential for communicable diseases. Diarrheal illnesses, viral respiratory infections, impetigo and even measles and T.B. can run rampant in such an environment.

Many shelters lack a protocol for screening of *children's* communicable illnesses, while they may formally address adult illness on intake sheets. Intake forms can reinforce the indignity and lack of privacy of shelter life for a homeless parent. However, the shelter administrator may in fact be the first to essentially triage a sick or malnourished baby.

There are provider deficiencies in continuity, preventive medicine and comprehensive care of any transient population; homeless children are no exception. Emergency room and "one-shot" quick visits are higher among the homeless children population. Homeless children visit the emergency rooms nationally in excess of nearly two to three times the usage by the general pediatric population. This implies that homeless children are either sicker than domiciled kids, or, that they are inappropriately utilizing emergency room facilities for many problems, which, in pediatrics, with regular continuity of care, could be avoided.

What are the options, nationally, for providing continuity and consistency of health care for the transient population of homeless children? According to Dr. Redlener, options can be divided into three categories, as determined by the anticipated duration of homelessness, and whether or not the family has been displaced from their original or future neighborhood, and include fielding health care provider teams to work on-site at transitional shelters, establishing fixed health stations at the shelters, and mobile clinics. Because North Carolina has a diverse homeless population that includes urban and rural homelessness (and it is the rural homeless population that is not quantifiable), undoubtedly all three such options would apply.

Since many shelters are organized and operated at the grass-roots level, there are no standards established or enforceable for domiciles of children. Many shelters are not adequately child-proofed, and group play areas are not supervised. There are common rooms where toddlers play on floors littered with small, aspiratable toy parts; where cigarette lighters or matches are left out. Many shelters have common bathrooms for large numbers of dwellers; there may be no specified area with sink for diaper changes.

A New York City study demonstrated that it is homelessness, and not simply poverty, that adversely affects homeless children's access to health care. It is our job, therefore, to provide continuity of medical care to this most vulnerable population during their family's most disconnected state, that of homelessness.

Recommendations

1. Provide supervised group play areas in al shelters which serve children.

2. Provide specified areas with sink for diaper changes in all shelters which serve children.

3. Mandate by law basic safety measures such as window grates, socket caps, stair grates, etc., in shelters which serve children.

   Shelter providers could draw on community resources such as a public health nurse, local pediatrician, or even licensed child-care provider, to help with childproofing.

4. Include fielding health care provider teams to work on-site at transitional shelters. Educate shelter directors on hygienic control of disease.

5. Establish fixed health stations at the shelters.

6. Set up mobile clinics for regularly scheduled visits to shelters.

7. Facilitate access to distant health care clinics or providers in areas without public transportation.

8. Health care centers serving homeless people should maintain a computerized, shared data base of medical records to provide continuity of care for a mobile population.

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CHILD CARE FOR HOMELESS CHILDREN: A NORTH CAROLINA PERSPECTIVE

By Debby Cryer, M.Ed. and Thelma. Harms, Ph.D.

Scope of the Problem

When homeless children are in shelters, we have an opportunity to deliver the services they need in order to prevent further health, psychological and social problems. Quality child care, with good staff to child ratios and trained teachers, is an important preventative service because it provides children with a safe, nurturing environment where they have the necessary educational and therapeutic opportunities for properly supervised play. This quality child care should not be confused with bare bones custodial child care. In North Carolina any type of child care for children in shelters is an extremely scarce commodity. Often, there is not even play space available for these children.

According to a statewide survey of 78 shelters for homeless families and for victims of domestic violence, conducted in April, 1990, approximately 468 children, most of them under the age of 10, are found in North Carolina shelters daily. They remain in the shelters for an average of 28 days. For the most part, shelters are poorly prepared to meet the needs of these children and their families. The typical shelter is designed to meet the survival needs of adults only. The transient population of unfamiliar people and the lack of privacy and security, make the shelter a dangerous, unwholesome place for any child to live, even for a very short time.

Of the seventy-eight shelters serving families with children, forty of these shelters were for victims of domestic violence; thirty-eight provided services to the homeless, which also included victims of domestic violence. The shelters were located in forty-six of North Carolina's 100 counties and were scattered across the state.

An average of six children is served in each such North Carolina shelter daily. Despite the publicity that school-age children in shelters have received, preschool children between the ages of 3 to 5 are the most frequently served group. Infants/toddlers and younger school-age children appear in shelters more often than older school-age children.

Although child care was listed as one of the most pressing needs of families in shelters, child care was listed as a service that was available on-site in only 30% of shelters. Thirty-six percent of shelters indicated that child care was available off-site and 34% reported that no child care was available. Parents in shelters must spend long hours looking for permanent housing or jobs, attempting to access support services, or working to subsist. In the absence of child care, children must accompany their parents, or remain unsupervised, and therefore miss out on the important play opportunities and adult interaction they need for normal development. Both children and parents would benefit from accessible quality child care available either on or off the shelter site.

If we want to prevent the developmental delays and personal trauma suffered by these children, shelters must be prepared to treat the children as primary clients along with their parents. Parents with children should be encouraged to use the shelter as a home and should not be turned out "on the streets" during the day. Appropriate play spaces with proper supervision should be provided in shelters to enhance children's opportunities for learning

through play. Space for play should be provided both indoors and outdoors. Play materials and equipment should meet the developmental needs of the children. Play opportunities should be available to children throughout the day. A trained staff member should actively supervise volunteers or parents who assist with the children.

Context of the Problem

Availability of Play Spaces for Children in Shelters

- Forty percent of shelters reported that no play spaces were available to children.
- Sixty percent of shelters reported that some indoor play space was provided. These spaces varied. The majority provided play rooms. Several indicated that the children could play in a toy corner of a living room or between beds in bedrooms.
- Only fifty-nine percent of shelters provided some outdoor play space for children to use. Forty-one percent of shelters had no outdoor place for children.
- Research has shown that children in shelters do not receive adequate play opportunities and adult supervision to promote the development of normal language, social emotional, and motor skills.

Adult Supervision of Play Spaces

- In almost all shelters the primary supervisors of children in play spaces were the parents.
- Twenty-six percent of shelters reported that parenting skills was one of the three most pressing needs seen in shelter residents. This raises the question whether the parents have the specialized knowledge necessary to enhance their children's learning through proper supervision of play.
- The enriched adult interaction that is necessary to help children in shelters avoid developmental delays may often be lacking in North Carolina. Parents in crisis must exert so much of their energy in solving their own immediate problems that they may have little reserve for their children.

Recommendations

1. Make available affordable child care. Lack of child care was the problem most frequently mentioned in the survey by shelters that served families.
    a. A mechanism be established to pool funds from public and private sources.
    b. Provide continuing funding to shelters for ongoing child care services in addition to what is now provided for innovative or new services.

2. Explore alternatives for child care to free parents in shelters for part of the day to deal with necessary tasks while at the same time meeting children's needs for safe and normal development.
    a. Provide on-site playrooms and outdoor space supervised by a trained paid worker or volunteer.
    b. Provide on-site child care.
    c. Provide off-site child care for several shelters and a population of core residents.

d. Provide dedicated slots for homeless children in ongoing Head Start programs or other community child care centers.

e. Provide dedicated slots in selected, especially screened and trained, family homes.

3. Develop programs for educating parents in shelters so they can meet their children's needs for safe and normal development.

Groups to Contact

1. The Respite Child Care for Children in Crisis Project, Frank Porter Graham Child Development Center, conducted the survey on which this report is based. This project also provides child care consultation to shelters in North Carolina that wish to improve their child/family related facilities. Copies of the Executive Summary are available at a cost of $2, full report $5.

2. A Network Committee for Preschool Homeless Children was established following the conference funded by the Respite Child Care Project in August, 1990. this Network is composed of shelter directors, related agency staff, advocates and Respite Care Project representatives. Members of the committee testified before the Legislative Research Commission Study Committee on Homeless Persons.

SUBSTANCE ABUSE AND THE HOMELESS

Ann Doolen

Scope of the Problem

One of the groups that was first identified as homeless was male alcoholics. The stereotyping of the homeless for many is still that of the male "skid row bum," although we tend to add drugs as well as alcohol to the picture today. The picture does not include women, nor does it include those who are attempting to recover from their addiction. Homelessness among those who are addicted occurs after years of struggling with their illness. They have often attempted to seek treatment at earlier stages of their disease but that treatment may not have been available.

There are only limited residential programs to provide services to indigent patients. The waiting lists are long and homeless clients are often lost before a bed becomes available.

Halfway house placement is also available but once again the demand far outweighs the available resources. Waiting lists are not a good indicators; many counselors do not even bother putting names on lists which are already too long.

Women face additional issues when seeking treatment. They are more likely to be single heads of households, less likely to have insurance coverage, and more likely to have their marriages end if they seek treatment.

Women stay with their husbands 80% of the time when their spouses receive treatment. Men stay with women who go for treatment 20% of the time. In addition to the psychological trauma of being deserted, women can become economically stressed since the husband is often the major source of income in the family.

Getting treatment is also more difficult for women. The state programs' case loads are composed of less than 1/3 women. In addition, no residential programs or halfway houses provide services to both women and their children at the same location.

Except in very late stages of addiction, when children have often been removed from custody, women are not likely to use residential treatment unless they are convinced that their children will be safe. In most cases, Department of Social Services placement is the only choice available. The stigma and problems associated with placement are too great for women to overcome in order to access treatment. Women are faced with either receiving far less than adequate treatment or being separated for months from their children, in order to receive appropriate services.

When women do receive treatment, they often have no home to which they can return. Their marriages are likely to have ended and they have no ability to maintain a home while in treatment. Very often the woman's previous housing situation creates an environment that encourages substance use and makes recovery more difficult. Her choice becomes that of attempting recovery and facing the real likelihood of becoming homeless or struggling with her addiction without adequate support.

In all of this discussion of addiction and women, it is important to realize that men also have long waits for treatment, but they tend to only have to worry about their own needs, since their wives are more likely to stand by them and be responsible for the children while they go into treatment. Men are far less likely to provide this support to the mothers of their children.

If homelessness among the addicted is going to be addressed, a number of activities will need to be undertaken. In order to adequately address the issue, it is necessary to also meet the needs of women. Appropriate substance abuse services need to be available before people become homeless and the programs that are developed need to respond to the risk of becoming homeless as a result of seeking treatment. In addition, the children often need specialized services because they have been fetally exposed to drugs or alcohol, because of the dysfunctional family system that was created as a result of the addiction.

Recommendations

1. Establish a minimum of one residential treatment program and one halfway house in each of four regions as demonstration projects. These projects should be done collaboratively between the Department of Human Resources and the Department of Environment, Health and Natural Resources to ensure efficient use of existing resources.

2. Develop demonstration projects for providing long-term recovery housing that includes services for women and their children.

3. Develop other innovative aftercare environments which would provide a continuum of care in housing.

4. Establish a mechanism to distribute information about major funding initiatives and requests for proposals.

5. Urge the state to apply for funds from the National Institute of Drug Abuse (NIDA) to teat drug abuse among those at risk of becoming homeless.

6. Establish grantsmanship training programs for front-line people who know the needs, but need expertise in writing proposals.

7. Call on the Governor to appoint a lead agency to address homelessness.

8. Call on the Governor to appoint a blue ribbon panel to marshall and coordinate resources in the public and private sectors to address the needs of homeless families.

HEALTH CARE FOR NORTH CAROLINA'S HOMELESS

by Carolyn I. Thornton, MSW

Scope of the Problem

In 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act. This Act established and made federal funding available for the provision of primary health care services, substance abuse and mental health services for the nation's homeless. The provisions of the Act relating to health care were made available primarily for the purpose of continuing the nineteen (19) demonstration projects funded from 1984 to 1987 by the Robert Wood Johnson-Pew Foundation in large urban areas with highly visible homeless populations. At the local level, such agencies as Community Health Centers and County Health Departments that had demonstrated effectiveness in providing comprehensive health care to low income, migrant and minority populations were encouraged to seek McKinney funding through Section 340 of the Public Health Service Act. As a consequence of this initiative, Lincoln Community Health Center in Durham submitted a grant application. Lincoln secured funds and began operation of a Shelter Site Clinic and Mobile Team in February 1988. Wake Health Center, through a contract with the Wake County Health Department, established a Mobile Health Services program for the homeless in 1988.

The number of McKinney funded Health Care Projects for the Homeless has increased to 109. The projects provide basic outpatient health services to homeless individuals and families. The 101st Congress, despite a second session which focused on budget deficit reduction, succeeded in passing homelessness prevention and relief legislation that assures continued funding through September 30, 1991, the end of the current fiscal year. Funding levels, nonetheless, remain inadequate to meet identified health, mental health, substance abuse service needs of individual clients and project goals and objectives.

Context of the Problem

The majority (35%-45%) of adult homeless males known to Lincoln's Health Care Project for the Homeless suffer from either alcohol or drug abuse and the physical problems related to long term drug/alcohol dependency. The incidence of HIV positive patients and persons with AIDS among Durham's homeless poses a serious threat to health and other resources needed to assist this group. Chronic diseases such as diabetes, hypertension, tuberculosis, along with weather-related illnesses, and injuries sustained in altercations, falls, footcare, dental care are routine complaints. Psychiatric disorders are routinely denied and only a small percentage of homeless men have received prior mental health treatment. Prior health/mental health service for many of these men has been received while they were incarcerated in jail or prison or while in emergency rooms.

Many homeless females, contrary to their male counterparts, acknowledge psychiatric and personality disorders. Although the incidence (20%) of drug/alcohol abuse among women is less than that of males, the risk of AIDS is alarmingly high. Many of the women have been battered and abused by families or origin and/or spouses. Injuries and chronic diseases represent their most common complaints. Women with children generally neglect their own health, but with support, transportation assistance and shelter requirements will seek preventive care (immunizations) and well-child care for their children. Developmental lags and chronic ear infections are identified most frequently in homeless children.

Given the circumstances experienced by homeless families, we suspect and are concerned about the potential risk for neglect and abuse of homeless children. Helping homeless children, families, and individuals regain self-esteem and motivation to overcome their plight and to restore a sense of hope and trust in the systems (economic, educational, housing and health care) which they believe have failed them in the past is the challenge which confronts each of us who seeks to end homelessness.

Recommendations

1. All homeless persons deserve the right to full access to comprehensive (primary health care, mental health, and substance abuse services) outpatient and when indicated, inpatient health services.

2. Sufficient consultation and coordination must be established and maintained with relevant departments within the University of North Carolina University system, i.e., Schools of Public health, Social Work, Nursing, Dentistry, Medicine, and Allied Health Education and within the Department of Human Resources service agencies to assure cooperation and training opportunities to maximize both fiscal and human resources.

3. Persons offering health care services to homeless populations must be encouraged to seek didactic and experiential training to better comprehend and address the diverse and complex socio-cultural, economic, educational and housing issues which negatively impact on the health of the homeless.

4. Vocational Rehabilitation and Social Services must become more accessible to homeless populations.

5. Eligibility offices for the various agencies should be established at Shelter sites and include evening hours to accommodate persons who work during regular agency hours.

6. Innovative and creative funding sources must be found to help the homeless in rural and small communities in North Carolina.

7. Convalescent/transitional housing must be established for the homeless as they recuperate from major illness and hospitalization.

8. Parenting skill training must be implemented along with case-finding and support services in family shelters, soup kitchens, at clinic sites and other places where homeless families frequent.

8. Federal, state and local government incentives should be established to encourage health care professionals to work with homeless populations.

HOMELESS PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

by Deborah Franks, Ph.D.

Scope of the Problem

Regardless of the estimate of the number of homeless persons in the country (estimates range from 600,000 to 3,000,000), it is generally accepted that one-third of them are suffering from a severe and persistent form of mental illness (SPMI). Based on total homeless estimates, persons with SPMI would account for 200,000 to 1,000,000 of the homeless population.

While studies generally define SPMI somewhat differently, the general consensus includes: duration of disability for one year or more; inability to function in age-appropriate activity on a regular basis (i.e., employment, school, housekeeping); and a DSM-III-R diagnosis which encompasses the major psychotic categories.

Context of the Problem

Homeless mentally ill persons may be reflective of any of the typologies of homelessness. They may be part of the chronically homeless or "street people." They may be episodically homeless, fluctuating between the street and home. Or, they may be situationally homeless due to a crisis of an immediate and recent nature.

Mentally ill persons may become homeless for some of the same reasons that other poor persons become homeless. To a large extent, poverty is inevitable with SPMI and the adversities of poverty are heaped on top of the handicap of the mental illness. Economic factors greatly impact on homelessness. The lack of affordable low income housing in the past 10 years has ballooned. For the poor, housing costs are consuming an ever larger percentage of household income. The following rates are not uncommon in today's housing market:

HOUSEHOLD INCOME	MEDIAN RENT
under $3,000	60% of income
$3,000-$7,000	55% of income
$7,000-$10,000	39% of income
$10,000-$15,000	31% of income

The lack of affordable housing is a function of several factors including extensive conversion of rental housing to condominiums. This is particularly true of single room occupancy hotels (SROs) which were a frequent housing arrangement for persons discharged from State hospitals. In inner city areas, there has also been considerable abandonment of property by landlords who determined that maintaining the buildings and paying property taxes was not worth the rent received. Finally, while limited rental subsidies in the form of Section 8 vouchers and certificates remain available there has been a virtual halt to the construction of public housing since the beginning of the Reagan administration. Most persons with severe and persistent mental illness are eligible for public housing, but like other homeless persons find waiting lists for apartments to be years long.

The changing face of employment in our society impacts homeless mentally ill persons to a very real extent. As the economy changes from a heavy industry to a high tech/service economy the skills in[illegible] for the high tech jobs and the wages are lower for the service jobs. This shift in the employment situation makes any marginally employable persons (in this case, mentally ill persons) at risk for unemployment.

In addition to the causes of homelessness which are a function of poverty, shifts in employment, and demographic factors such as changes in family structure, persons with mental illness also may be homeless due to the unanticipated consequences of the implementation of deinstitutionalization. While this may not have been an intended by-product of the policy which reduced the census of state hospitals from over 550,000 in the 1950s to 125,000 in the late 1980s it was, nonetheless, the effect. The lack of adequate community based services for persons unable to manage in a hostile environment as left some persons with serious illnesses adrift outside the hospital walls.

Many children are victimized by their parents' mental illnesses. Also, some children have emotional problems of their own and often find themselves homeless. There is a need to serve these children.

Recommendations

In addition to solutions for all homeless persons, the solutions for persons with mental illness require an understanding of what conditions they must face in the community; what needed resources are lacking; and the nature of mental illness itself which often makes it difficult for persons to avail themselves of offered services.

Within this context, recommendations for reducing homelessness of persons with severe and persistent mental illness are:

1. Offer a full range of residential services from independent housing to supervised and structured group living situations

2. Provide aggressive case management and assertive outreach to ensure that persons with symptoms which include paranoia and inability to perform activities of daily living are given support in a way they can accept.

   Flexibility of service delivery and a "no-eject" policy are key to success in this area. Active consumer involvement in service planning is also vital.

3. Provide a stable source of income including SSI/SSDI, housing assistance, food stamps, and medical insurance which will permit stable living situations.

4. Provide access to acute in-patient services close to the community and a full range of other community services which provide for the complete needs of persons with SPMI, including social/recreational, vocational, medical, peer and family support, as well as traditional mental health treatment.

5. Provide group homes to serve mentally ill children.

6. Provide "in-home" family counseling to preserve family structure.

7. Find ways to make the best use of foundation funds to serve homeless children and y outh who have emotional problems.

HOUSELESS OR HOMELESS: A PROBLEM FOR CHILDREN IN RURAL AREAS

by John Ball, Ph.D.

I have a memory of men coming to our back door and my mother feeding them. She said they were men who rode the trains and were out of work. She treated them very kindly. These were the depression years, years of general need and years when it was not uncommon to need help and to find it from people who understood. It was also a period of transition. It was a time before we had formalized systems of caring to keep people out of such desperation. We moved into a period when people had a New Deal from society.

Now, there are some new faces at the back door. Some of those faces are those of people with mental illness, chronic and severe mental illness. Illnesses that may not require inpatient care, but they do require care. Dr. Franks has documented the issue in her paper, and I will not repeat it here since all of you have had an opportunity to read her report. However, I do want to emphasize a couple of things there were in the report.

It is generally felt that about one-third of homeless victims are those who are mentally ill or substance dependent. This means that there are around a quarter of a million or more people who just a few years ago would not be homeless. They would be in state hospitals. They are, of those who are homeless, the major class or group of people who are homeless. As a group, they are major consumers of mental health services but they become homeless for many of the same reasons other people do. But we are not sure.

There are four recommendations proposed for discussion. I want to comment on the first one, and this is one that I believe is being pursued aggressively by most mental health area programs. It states that we should offer a full range of residential services. Housing is a primary need and it makes sense for this to be a primary focus for the severe and persistently mentally ill. There may be enough commonality, in spite of diversity, to evolve policy sufficient to their needs for housing. Housing is a primary need.

There are other issues on which I would like to comment, such as case management; but I have also been asked to also say something about children who may have mental health needs and who may be homeless.

A quick look at the newspapers and the literature would lead you to think that homelessness is an urban problem and an adult problem. Both assumptions are incorrect. It is true that we do not know a lot about homelessness in rural areas and even though we see homeless children on television with their parents, we do not know a lot about homeless children.

There are a lot of homeless people in rural areas but they don't have park benches to sleep on and there certainly are not homeless people sleeping on heat grates in rural areas. But they are there. There are also homeless children out in the country. While recently consulting in some rural schools for a mental health center, I heard and saw some revealing situations.

After some little time in case consultation with a guidance counselor who discussed several children with whom she was working, she said she thought every community should have an orphanage. She said those children would have someone to care for them. "At

least, in an orphanage, someone would care." One child we discussed had been totally neglected by the mother and her boyfriend, and had been beaten. The grandmother was contacted in another county and she came and took the boy home with her. When she took the boy to school, and apparently with great pride in him, she was told that they would not enroll him because she was not his legal custodian. She returned him to his situation of neglect and abuse. Saturday night, late, he showed up at the counselor's house. It seems that the "parents" had given him ten dollars to go to his school's basketball game. He used the money for admission and junk food. They refused to let him stay at home when he returned. He was ordered to go back to school and get his money -- an impossible assignment. Bea Gaddy, conference keynote speaker, stated in her comments that she did not become homeless in Baltimore. She became homeless in Wake Forest when she was a child. Her situation sounds like some of the children that I see in rural communities. Perhaps, her situation was not very different from that of some of the children I saw this week.

Two other cases were shared by a principal in consultation. One was a little boy who was dropped off by his mother as she returned to D.C. He lived first with one relative and then another. One afternoon he could not remember which house would be the house that night. One bus left and then another. Finally, all of the buses were gone. The principal found him as she was leaving for the day. He was standing in utter confusion over where he belonged. There are so many others with similar problems about whom I would like to tell you.

Time will not allow, but let me tell you about Jimmy who is ten. His mother sent him home from New Jersey to take care of her mother, his grandmother. He is serving as a runner for a drug dealer to get money for both of them and his uncle who is an addict. There are others.

They, too, are among the homeless even though they are not houseless. They don't know where they belong or if they belong. It is true they live in houses but you should see some of those houses. It is true that most of them live with adults, but you need to understand some of the needs of many of these adults. We hear that one solution to raising test scores of children who do not do well in school is work with the parents.

Some research that I am currently doing indicates that only about one-third of the children in some rural schools may live with their own parents. This is a rural sample and I do not know how that compares to urban schools.

Homelessness has its own face in rural areas and it would appear that the majority of these are children. They may well be the new faces at our back door. They need a new and better deal.

EDUCATION AND HOMELESS CHILDREN

by Patricia Wilkins, M.S. and Patricia A. Yancey

Scope of the Problem

In recent years, the focus on the plight of the homeless has been on providing decent and affordable housing and rightfully so. However, as more families become homeless, the provision of education for homeless children is becoming more of a recognized need. Families with children are the largest and the fastest growing single segment of the homeless population, followed by veterans. National estimates of the numbers of homeless school-aged children range from 250,000 to 500,000. The National Law Center and the United State Conference of Mayors (1987) reported that homeless families comprise 40 percent of this population.

The passage in 1987 of the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77) by Congress effectuated the change toward education for children. The education provisions of the Act require state and localities to make education accessible to homeless children by removing such barriers as local residency requirements, problems associated with record transfers, and lack of transportation. A recent survey conducted by the National Law Center of Homelessness and Poverty (NLCHP) found that in 60 percent of the 20 states surveyed, residency requirements are still being imposed, and transportation posed significant problems in 75 percent of the states surveyed.

In North Carolina, the problems are similar to those that exist nationally for this population. To date, a comprehensive analysis of homelessness in North Carolina has not been undertaken. However several state agencies including the Department of Public Instruction (DPI) have conducted separate studies of the number of homeless people in the State. Based on 1988 and 1989 surveys conducted by the Department of Public Instruction, there are approximately 6,000 homeless school-aged children and youth in North Carolina of whom approximately 15 to 20 percent do not attend school. A breakdown by age of homeless children reveal that 52% are kindergarten through sixth grade or between 5 and 12 years old; 25% are middle or junior high school students, grades seven through nine; 23% are high school aged youth, about 16 to 18. Cities with the largest populations of homeless children include Burlington, Charlotte, Greensboro, Jacksonville, Monroe, Raleigh, Statesville, and Winston-Salem.

The results of the Department of Public Instruction's surveys showed that the main reason homeless children were not attending school was due to family stress, family problems, lack of health records, and frequent moves from shelter to shelter. Transportation and rules governing attendance areas, however, were major factors in determining whether such students remained in school.

The DPI survey did not include data on pre-school children nor did it attempt to include the "hidden homeless." Speculations are that the "uncounted homeless" may actually outnumber those counted."[1]

Context of the Problem

In the November 1989 edition of the NJEA Review, an article, entitled: "Helping Homeless Kids Get an Education," described homeless children as encountering insurmount-

able obstacles to securing an education. Their lives were characterized as being in turmoil; their possessions as meager, and the reasons for their homelessness varied. In addition, these students often do not have a "quiet place to study or sleep at night, and hunger and lack of sleep block their concentration in class."[2]

Homeless children live in either public or private shelters for the homeless, domestic violence shelters and other types of shelters. The temporary nature of such housing, most with a maximum stay, a specific time frame when residents must be out in the morning and with time limitations on when they can return in the afternoon exacerbate the feeling of impermanence and disconnectedness, and lack of belonging for homeless children. This in turn affects their self-esteem, self-worth, and academic attainment. "Because they drift so often, homeless students read and calculate less well than other poor children and are twice as likely to repeat grades."[3]

Access to education is often curtailed because of the lack of transportation, required school records that are delayed or lost, and residency requirements imposed by school systems. Education is a key to overcoming homelessness. Yet, according to US Department of Education Secretary, Lauro Cavazos, "Because of homelessness, each school day thousands of young people are losing their best opportunity for a better life--education." State leaders and education officials must find viable solutions to educating homeless children and for minimizing the disruption of schooling for such children.

Recommendations

Local school systems throughout the country have employed a variety of techniques to address the problem of providing access to and educating homeless children. Most experts would agree that to educate homeless children successfully , one has to meet their physical needs in addition to their mental needs.

Some of the more successful means of addressing the problems of homeless children and youth include the following:

1. Utilize a case management approach to assisting homeless families and their children.

   Case management is not new but it is being employed by some states as a method of providing a wide range of service to homeless families and their children. It is an effective way of helping homeless families overcome obstacles and gaps in fragmented services that are available. The main purpose of this approach is to coordinate services and help those in need of services to gain access to resources. North Carolina's state plan for the education of homeless children and youth recommends the use of a team that may already be in existence such as a school building-based staff team or a system wide support team.

2. Minimize the disruption of the schooling for homeless children.

   In the State of New York, the problem of disruption of homeless children education has been solved by a policy adopted by the Board of Regents. That policy allows the parents of homeless children to select their children's school and the school system cannot refuse to serve the children. According to an article ("Plan Upgrades Schooling for Homeless") in the May 8, 1989, edition of the New York Times, the success of the rules pleasantly surprised many school officials who had predicted havoc would result

as huge blocks of homeless children were shifted from one district to another. In addition, the article noted that stability as resulted in the chaotic lives of about 2,000 homeless children and accordingly, their academic performance and classroom behavior have improved.

3. Mainstream homeless children into the regular school setting rather than providing on-site educational programs at shelters for the homeless.

   One could debate the merits of educating homeless children in a temporary shelter versus modifying the regular school structure to meet the needs of homeless children. The position espoused by the Division of Student Services of the North Carolina Department of Public Instruction is that mainstreaming homeless students into the regular school setting is preferable to establishing or maintaining schools on shelter premises. Regular school programs and the school's structure should be modified so that the needs of homeless children can be met and auxiliary services provided within a normal school experience.

   Many on-site and separate programs are operational throughout the country. In Charlotte, North Carolina, "A Child's Place" is a transitional classroom for homeless children. It is a joint effort between the Charlotte Mecklenburg School System and the community of Charlotte and is located in the First Presbyterian Church. Private funds have been used in New Jersey to establish educational programs at shelters for the homeless. Cities in which separate programs are operational include Phoenix, Arizona; Salt Lake City, Utah; and Tacoma, Washington. The state of New Jersey, however, urges schools to integrate homeless children within the regular school program rather than set up separate educational programs.

4. Develop comprehensive programs that include before-and after-school care, tutoring, nutrition, family counseling, social workers, and counseling to help students concentrate on positive things and to cope with not living in a permanent home.

   Most shelters are not conducive to studying and doing homework. The provision of a safe, clean place where students can study, engage in constructive education-enhancing activities, receive counseling and a meal before entering the classroom or before returning to temporary housing in the afternoon could help to bridge the academic gap for homeless children and boost the self-esteem of such children. In Denver, Colorado, shelter-based, after-school programs have been established, and school systems use volunteers and retired teachers to tutor and assist homeless students with school work.

5. Institute a system to facilitate the sharing of information among school systems, community health and social services agencies and encourage school systems and shelter providers to establish a cooperative, working relationship.

   When there are education programs specifically geared toward homeless children, then school officials should make a concerted effort to inform community agencies such as social services, shelter operators, etc., that such programs exist.

6. Revise residential/attendance area requirements for homeless students to ensure that they are not denied an education because of their transitory status.

As required by the Stewart B. McKinney Homeless Assistance Act, Title VII, Subtitle B, several states have changed or revised residential and attendance area requirements to ensure that homeless students remain in school. The state of Massachusetts, for example, passed legislation to guarantee parents or guardians the right to choose whether to continue to have their children attend school in the district of origin or to enroll them in the school district of temporary residence.

7. Develop methods for transporting homeless students who move from one attendance area to another so that they can at least continue at the same school as long as they are in a specific town, city, or area.

   In the State of New York, the county social service department serving the district in which the homeless child attends school must provide transportation. This requirement facilitates the policy in that state of allowing homeless parents to select their children's school. In New Jersey, legislation was adopted in July 1990 to require the district in which a child lived before becoming homeless to pay for the child's education and transportation. Other states have similar laws.

8. Coordinate services for homeless students among social services, educational and other agencies.

   Mike McLaughlin (*Insight*, 1990) stated that programs for the homeless are few in number, short on resources, and fragmented across a number of state agencies. He goes on to say that no level of government and not one agency can develop the web of services that is needed. "Nothing can happen without coordination between officials...." Homeless students are better served when agencies work together, are aware of services and programs available in each agency and coordinate their offerings for comprehensive services.

9. Employ a process to avoid delays and facilitate the transfer of school and health records for homeless children.

   Homeless students and their families experience many problems in attempting to address survival needs (housing, clothing, food, etc.). they do not need the added burden of "red tape" that can be associated with school enrollment. many states have adopted policies that will allow a homeless student to enroll prior to receipt of school records excluding health records. In such instances, school systems take it upon themselves to expedite the transfer of records. Some state, Texas, for example, established the first statewide computer database of school-related records for homeless students. Such a system is used to assist in the immediate enrollment of a homeless child or youth who transfers to other schools. Through this system, school officials can obtain a child's birthdate, immunization history, information on special needs and other pertinent data.

10. Designate an in-school social worker or appoint a special teacher to work with homeless students and to monitor attendance.

    It is essential that each school system designate an advocate/resource person who is knowledgeable about the needs and concerns of homeless students. This person must be aware of resources and services available to help make homeless students comfortable while in school, to assist them with enrollment, their studies and trans-

fers. Such a person also could assist the homeless child or youth with the provision of other services such as tutoring, counseling, school assignments, clothing, school supplies, meals, transportation, etc.

11. Obtain funds for the development of pilot projects for homeless students to include an aggressive and effective outreach program to identify homeless children, carry on staff development for persons working with homeless children and youth, and provide public awareness initiatives for educators, legislators and other public officials, and the general public regarding the plight and special educational and related needs of homeless students.

    Greater attention is usually given to a problem when the awareness level is raised. The states of Georgia, Florida, California, among others, have received funds to establish pilot projects to address alternative approaches (tutoring and other types of special assistance) to educate homeless school-aged children and youth. North Carolina has applied for funds to develop similar multi-year pilot projects.

References:

1 *Insight*, 1990.

2 *NJEA Review*, "Helping Homeless Kids Get an Education," page 22, November 1989.

3 "When Schools Offer Refuge to Homeless," *New York Times*, Monday, April 9, 1990.

HOMELESS ISSUES AMONG BATTERED WOMEN

Ann Doolen and Ellen Plummer, MSW

Scope of the Problem

Shelters for battered women and their children remain consistently full in the state of North Carolina. Currently there are 61 domestic violence programs receiving state funding. Fifty-four of these programs have shelters. These shelters range from a two-bedroom apartment to a refurbished nursing dormitory that can sleep over 100 people. However, many women who need a haven from abuse are put on waiting lists because the need for shelters far outweighs the resources available. In the United States a woman is beaten every 12 seconds. In North Carolina during FY1989-90, over 28,000 women and children sought refuge from battering. Clearly, all of the women and children who are beaten do not use shelter facilities. Some are able to seek safety with friends or relatives, but many stay with their abusive partners because they have no other place to go. Women choosing to leave abusive relationships are at the greatest risk of injury or murder -- they need a SAFE place to go with their children. One of the major issues facing women trying to leave abusive situations is the lack of affordable housing.

Shelters, which continue to be of enormous help, can generally only house women for limited amounts of time. During this limited time (anywhere from one month to one year), women are supported while they deal with the shock of the situation, begin legal (criminal and/or civil) proceedings and find more permanent housing for themselves. Often, women do all of this while maintaining a job or applying for assistance. In addition, these women often have the needs of their children to address as well.

Seeking and securing permanent housing is very difficult. Often, legal and financial matters are unsettled which make securing a home difficult. Also, in some areas low-income housing is not available, and women are required to relocate to another county in order to secure a place to live.

Legally, there are a number of options available to women who are battered. None of these options is a panacea, and all of them require accessing and utilizing the courts and law enforcement. Under criminal law, warrants can be issued for assault on a female -- if there is probable cause. Under civil law, a protective order can be applied for by utilizing forms available at the Clerk of Court's office. It is not necessary to retain an attorney to file for a protective order. Judges determine what relief will be granted. In many instances, a woman experiencing violence can be granted access to her home. Protective orders, however, do not guarantee a woman's safety.

Women often do not have the resources to establish their own households. Nationally, a woman's income drops 72% when she leaves her partner. Many times, as part of the abuse, the batterer controls all the money (savings, assets, etc.) of the household. When she tries to leave, she does not have access to credit cards, bank accounts, etc.

The people of North Carolina must not leave women with the choice of staying in an abusive situation or facing the possibility of becoming homeless.

Recommendations

The State of North Carolina currently helps shelters by granting $17,500 per year. This is only a small fraction of the resources required to operate a program. Domestic violence programs obtain additional resources from federal, city/county, United Way, and private foundation sources. The programs are under-funded for present activity levels.

These initiatives are recommended:

1. Obtain additional resources to ensure that each county in the state has enough shelters for battered women and their children. Support the efforts of the North Carolina Council on the Status of Women with regard to securing additional funding.

2. Obtain additional resources for shelters needing to expand.

3. Establish transitional housing for battered women and their children. Such housing would allow families to stay until their situations stabilize.

4. Assist local communities in focusing on battered women and their children as an emergency housing priority. Focus on local Housing Boards to utilize the Federal HUD guidelines, which include battered women as a housing priority.

5. Encourage additional judges to place fines on batterers in an effort to support local domestic violence programs.

Recommendations #1-#3 will need additional money in order to be implemented. Battered women's programs have historically been funded through public/private partnerships, however public support has been declining in recent years. The state spends more on keeping one prisoner in jail for a year than it does on supporting an entire shelter program.

Recommendation #4 is a policy issue. It redefines the situation, which constitutes an emergency housing placement. It requires negotiations, but no money.

SUBSIDIZED CHILD CARE FOR CHILDREN IN HOMELESS SHELTERS AND IN LOW-INCOME FAMILIES

by Joanne Caye, MSW

Scope of the Problem

We do not know the actual numbers of people with children who are without regular places to stay of their own. We do know that the percentage of both women and young children in homeless shelters is increasing, both nationally and in North Carolina shelters. For these families, frequently headed by single women, child care is an immediate need. Adults need child care while at the shelter so they can look for employment and a place to live. Once they secure a place to live, dependable child care is needed near the work or home site so that the new situation can be stabilized. Children living with families who have no regular home need the child care for stability and security. So much of their life is in flux that the child care center becomes an anchor of routine and the child care provider becomes one of the few rare, consistent adults with whom the child can interact daily.

Context of the Problem

The state of North Carolina has the highest percentage of working mothers with children under age six. Our day care resources, (i.e., available spaces), are growing but still fall short of the demand in rural areas. Child care for certain age groups, specifically infants, is scarce. The state administers a Purchase of Care Program (POC) which subsidizes low income families which need child care. In 1989-90, 32,832 children in child-care were partially or totally funded through the Purchase of Care Program. More than 14,000 children are on waiting lists for the program.

The cost of child care is increasing. Since the dollars available to support the Purchase of Care Program have remained fairly constant, the number of children who can be subsidized falls far short of the need. Despite the heavy demand for child care, especially for the working poor, the POC program is in danger of losing providers who have consistently served subsidized children because the program cannot pay for as many spaces.

The two most common populations which utilize the POC Program are families with low incomes who need child care to support employment and families who need child care to prevent further abuse or neglect of a child. As the number of children's protective services referrals increase, the demand for POC funds and child care slots for that population also increases. In many places the protective services population receives priority. The income criteria for eligibility for POC subsidies has not been changed for many years. As a result, a family of four in which both parents work at minimum wage jobs, would be ineligible because their income is too high. They would have to carry a child-care cost which would average 35-40% of their combined take home pay. The odds of continuing the two incomes necessary to pay rent, utilities, food, etc. on a consistent basis *and* pay heavy child care costs are very low indeed.

As a result of both the increase in Child Protective Services cases as well as the low income cut off, the number of child care spaces subsidized by POC, which support employment, are decreasing. This situation affects homeless families with small children adversely. The waiting lists for subsidized child care are long in populated areas, where homeless shelters are likely to be. When a family changes counties, they go to the end of the list in the new

county. Spaces are scarce and protective service cases may receive priority. Few shelters have on-site child care facilities, so that parents who are able to obtain subsidies may not be able to arrange transportation to get the children to the center, if the agency's resources are unavailable.

Agency Response and Future Issues

New federal programs bring some light to an otherwise bleak picture. The Family Support Act of 1988 mandates assistance with finding and paying for child care if it is needed in order to support the parents' training or employment under the JOBS program. A requirement for receiving this benefit is that one must be an AFDC recipient. Very low income or unemployed single parents would most likely benefit. Families with two parents are eligible for AFDC only under specific, select criteria. Forty counties currently have an active JOBS program. By 1992, 75 counties will be on board. JOBS monies will also help pay for transportation.

Although several private resource and referral agencies operate around the state, not much connection has been made between them and the county DSS's which, under JOBS and 4A child care programs, are charged with finding and funding the most appropriate available child care situation for each client.

New federal regulations allow for payment of child care out of 4A funds when an AFDC recipient is also working part of the time--usually at low wages. Lastly, an AFDC recipient who loses her benefits because of earned income, is eligible for twelve months of subsidized child care, if she specifically requests it. Homeless individuals can apply for all of these programs.

Very recently-signed federal legislation opened the doors to the possibility of new federal funding focused directly on low income *families* with children who need child care. Since income guidelines in these programs are higher, more families will be eligible and will stay eligible longer. States must formulate plans to meet federal criteria in order to receive this new funding. North Carolina is engaged in this process. This is one area which is clearly helpful to homeless families, especially those with two parents who cannot access the system through other federal programs.

Recommendations

1. Develop Resource and Referral services to assist homeless families in finding appropriate, convenient day care.

2. Provide assistance with transportation arrangements or costs to enable children to remain in the same day care program after leaving the shelter.

   One area of opinion favors placing children from homeless shelters in a "regular" center (i.e., not at the shelter) and arranging transportation initially from the shelter and later from the families' homes so that children's daytime routines remain the same.

3. Develop policy which will give priority for services to homeless children (and allow services to continue without interruption), especially if they move from one county to another.

GOVERNMENT'S RESPONSE TO HOMELESS FAMILIES

by Yolanda E. Walker

Scope of the Problem

The latest research has been focused on the "new" homeless, who are presented as the "deserving poor." While this is a slight improvement over the previous "Skid Row" assessment of the homeless, this view still focuses attention on individuals rather than on the societal problems which cause homelessness.

Advocates for the homeless view homelessness as a social problem arising out of the federal cutbacks of the 1980's. Many of these advocates support the idea of a three-part policy which would bring about more emergency shelters, transitional housing, and low-income housing.

Context of the Problem

Some shelters, due to financial considerations, are unable to provide daytime staff, so families must wander the streets until they can get back in at night.

The best temporary shelters provide some type of case management, but may also include a system of arbitrary rules and regulations. Overworked and underpaid staff members are forced by circumstances to treat residents as aggregates rather an as individuals. In such situations, autonomy and empowerment of homeless families are suppressed.

The rural homeless are particularly underserved. They are difficult to count, but their needs must be addressed. The needs are basically the same as the urban homeless, but transportation is a particularly difficult problem.

Recommendations

The government's response to homeless families will necessitate several long-range solutions. Recommendations include:

1. Viewing homelessness as a social issue.
2. Focusing on the prevention of homelessness.
3. Making shelters small enough to allow for the empowerment of residents.
4. Creating more affordable housing.
5. Offering funds to shelters for the purpose of hiring professional staff.
6. Examining current shelter programs to determine what, if anything, needs to be done to ensure a better fit of services with the needs of homeless families.
7. Allowing for longer-term transitional housing programs for homeless families who require more support.
8. Providing transitional housing programs, with such services as childcare, referrals for jobs, job training, support and networking with other community resources.

9. Coordinating information concerning appropriate public and private funding sources.
10. Providing technical assistance to local groups in writing funding proposals.
11. Placing substantial emphases on the needs of the rural homeless.
12. Developing a comprehensive statewide plan to serve the homeless.

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